referred to the Headquarters from other cities. The pending claims would be settled as soon as the relevant clarifications/documents relating to the cases become available. These figures do not include those cases where the admissible amount has been paid to the beneficiaries but the beneficiaries have asked for reimbursement of additional amount over and above the approved rates. As regards serving employees, the concerned Ministry/Department settles the individual medical reimbursement claims. Therefore, the CGHS does not have any information/records regarding reimbursement bills of serving employees.

It takes about 30 to 45 days to settle the medical claims of CGHS beneficiaries depending upon the availability of funds and subject to the documents in the reimbursement claims found to be in order.

The system of reimbursement claims has already been decentralized and the Zonal Additional Directors of CGHS have been given powers to settle the claims upto Rs. 2.00 lakh per claim at their level so that the pensioner beneficiaries can get the reimbursement claims expeditiously. Similarly, in the case of serving employees, the Head of Departments (HoD) have been delegated powers upto Rs. 2.00 lakh per claim.

**Mysterious illness affecting children**

*220. SHRI EKANATH K. THAKUR: SHRI R.P. GOENKA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that experts are clueless on the mysterious illness that has killed 87 children in Andhra Pradesh;

(b) if so, the efforts made by Government to investigate the cause of the illness;

(c) the details of other States affected by this disease; and

(d) the assistance provided to affected States?

THE MINISTER OF HEALTH AND FAMILY WELFARE AND MINISTER OF PARLIAMENTARY AFFAIRS (SHRIMATI SUSHMA SWARAJ): (a) to (d) A number of deaths have been reported from some districts of Andhra Pradesh, Maharashtra and other parts of the country due to Viral Encephalitis.

Two Central teams visited the affected areas in Andhra Pradesh for investigation and technical support.

Teams from the National Institute of Communicable Diseases (NICD), New Delhi and from the National Institute of Virology (NIV), Pune also visited the outbreaks affected areas. Laboratory reports from NICD and NIV indicate that the outbreaks in Andhra Pradesh and Maharashtra are due to Viral Encephalitis. A Statement showing number of cases and deaths due to Viral Encephalitis, State-wise is enclosed. *(See* below).

The Government of India deputed another team of 10 Pediatricians from Dr. R.M.L. Hospital, Safdarjung Hospital and Kalawati Saran Children Hospital, Delhi to visit Andhra Pradesh. Their findings indicate that the clinical picture was compatible with Viral Encephalitis.

While control of outbreaks is the responsibility of the respective State Governments, Government of India has provided technical support by sending expert teams to the affected States. Support has also been provided for laboratory confirmation for diagnosis of the outbreaks. In addition to the insecticides and larvicides already provided under the National Anti Malaria Programme, arrangements have been made for additional supply of Malathion (Technical) for fogging and larvicides for use in affected areas of Andhra Pradesh.

An amount of Rs. 83.60 lakhs has been released to the State Malaria Control Society, Andhra Pradesh under the Enhanced Malaria Control Project with World Bank support during this year.

Situation is being monitored by both National Institute of Communicable Diseases (NICD), Delhi and Dte. Of National Anti Malaria Programme (NAMP), Delhi in these States.

***Statement***

*State-wise cases and deaths due to Viral Encephalitis***

| SI. No | Affected | 1997 | | 1996 | | 1999 | | 2000 | | 2001 | | 2002 | | 2003 (P) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | C | D | C | D | C | D | C | D | C | D | C | D | C | C |
| 1 | Andhra Pradesh | 984 | 247 | 524 | 192 | 1036 | 203 | 343 | 72 | 33 | 4 | 22 | 3 | 285 | 155 |
| 2 | Assam | 88 | 26 | 26 | 6 | 11 | 2 | 158 | 69 | 343 | 200 | 472 | 150 | 40 | 20 |
| 3 | Bihar | 0 | 0 | 0 | 0 | 0 | 0 | 77 | 19 | 48 | 11 | 8 | 1 | 0 | 0 |
| 4 | Chandigarh | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| 5 | Delhi | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 6 | Goa | 40 | 8 | 0 | 0 | 10 | 2 | 15 | 3 | 6 | 2 | 11 | 0 | 0 | 0 |
| 7 | Haryana | 0 | 0 | 19 | 16 | 121 | 56 | 74 | 43 | 47 | 22 | 59 | 40 | 0 | 0 |
| 8 | Karnataka | 436 | 87 | 306 | 50 | 679 | 98 | 438 | 45 | 206 | 14 | 152 | 15 | 70 | 0 |
| 9 | Kerala | 121 | 19 | 103 | 24 | 46 | 4 | 164 | 2 | 128 | 5 | 0 | 0 | 0 | 0 |
| 10 | Maharashtra | 43 | 3 | 2 | 0 | 0 | 0 | 2 | 0 | 126 | 1 | 119 | 16 | 244 | 100 |
| 11 | Manipur | 0 | 0 | 28 | 1 | 42 | 2 | 0 | 0 | 0 | 0 | 2 | 1 | 0 | 0 |
| 12 | Punjab | 0 | 0 | 0 | 0 | 7 | 6 | 0 | 0 | 0 | 0 | 10 | 2 | 0 | 0 |
| 13 | Tamil Nadu | 89 | 42 | 25 | 14 | 14 | 5 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Uttar Pradesh | 351 | 76 | 1051 | 195 | 1371 | 275 | 1170 | 253 | 1005 | 199 | 604 | 13 | 0 | 0 |
| 15 | West Bengal | 362 | 124 | 36 | 9 | 91 | 27 | 148 | 50 | 119 | 21 | 0 | 0 | 0 | 0 |
| 16 | Gujarat | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | GRANT TOTAL: | 2516 | 632 | 2120 | 507 | 3428 | 68 | 2593 | 556 | 2061 | 47 | 1464 | 361 | 639 | 275 |

C = Case D = Death

*Cases as reported by respective States upto 25.7.2003 provisionally.

"Source NAMP